



**to celebrate the holidays with  
Bull City Gymnastics!**

**YOU'RE  
INVITED**

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to join us for a fun-filled day  
at gymnastics!

Just have mom or dad sign the  
waiver on the back and come with  
your friend to the gym for a day  
of trampolines, foam pits,  
inflatables, games, and gymnastics  
fun!

Visit [www.bullcitygymnastics.com](http://www.bullcitygymnastics.com) for more  
information on our fun and exciting programs!

**Bull City Gymnastics  
4502 Bennett Memorial Rd.  
Durham, NC 27705  
919-383-3600**

Dear \_\_\_\_\_,

Please come with me to a fun day  
at gymnastics! Our class day is  
\_\_\_\_\_, December \_\_\_\_\_,  
and the time is \_\_\_\_\_. You can  
wear a leotard or comfortable play  
clothes. We'll have a great time!

From Your Friend,

\_\_\_\_\_

*Waiver of Liability/Acknowledgment of Risk*  
I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion, including but not limited to use of all Olympic events (vault, bars, balance beam, floor exercise, and trampoline), plus other various training devices including the tumble track, training mats, training pits, inflatables, and climbing rope. In consideration for allowing my child to use these facilities, I hereby forever release SRM Gym Inc, dba Bull City Gymnastics, its owners, employees, teachers, coaches, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while participating in the programs of Bull City Gymnastics, including transportation to and from activities, and I do further expressly covenant and agree not to sue any of the above for any such injury or alleged liability. As legal guardian of the child listed below, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for Bull City Gymnastics. I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent/Guardian Signature: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_